Filing D	DateMarch 5th 2025Receipt Number18/304
	APPLICATION FOR CONDITIONAL USE PERMIT
1.	Applicant's Name Mailing Address Telephone  Applicant Structure 44 of a control of the structure of the stru
	Email: bluirtraining center@gmail.com
2.	
3.	Owner's Name Mailing Address Telephone
4.	590 10th St
	Address and Legal Description of Location - Subject Property
	Current Zoning
_	
5.	Describe the requested Conditional Use  Requesting Conditional use for Blair Training Conter to
	Length of request:  (All permits approved are for one (1) year unless otherwise noted)
6.	Length of request: 2 years 20 4
<u></u>	Jure of Owner(s) Date Signature of Owner(s) Date
Signat	ure of Owner(s) Date Signature of Owner(s) Date
DO NOT WRITE BELOW THIS LINE	
	PLANNING COMMISSION RECOMMENDATION:
DATE	OF NOTICE:
DATE	OF PUBLIC HEARING:
	: TO TO
<u> </u>	CITY COUNCIL ACTION:
DATE	OF PUBLIC HEARING:
VOTE	; TO TO